



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 days) or whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 950081	NAME OF AGENCY Butler PD	DATE OF INSPECTION 10/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 309 N. Fulton Butler, MO 64730		TIME OF INSPECTION 8:13 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 10/01/2014 20:13
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
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<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc.	LOT # 13010	EXP. DATE 01/09/2015
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD2302	EXP. DATE 02/12/2015
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<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .098	TEST 2 .098	TEST 3 .099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)


INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	OVER .19 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

maintenance test completed sat - instrument returned to service.

INSPECTING OFFICER

SIGNATURE  CPL #39	PRINT FULL NAME Mark A. Frost
TYPE II PERMIT NUMBER/EXPIRATION DATE 230063 04/23/2015	TELEPHONE NUMBER (660) 679-6131

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
10/01/14

TESTING OFFICER:

FROST
OFFICER I.D.: 39
PERMIT NUMBER: 230063
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:16
INTERNAL STANDARD	VERIFIED	20:16
EXTERNAL STANDARD	.098	20:17
BLANK TEST	.000	20:17
EXTERNAL STANDARD	.098	20:18
BLANK TEST	.000	20:19
EXTERNAL STANDARD	.099	20:19
BLANK TEST	.000	20:20

N = 3
SIM. = .1
AVG. = .0983

tor Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
10/01/14
20:13

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~

Operator Signature

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081

10/01/14

ARREST TIME: 20:00

SUBJECT NAME:

TEST/SOBER/RFI

DOB: 04/23/63 SEX: M

STATE/D.L.: MO/P072210009

ARRESTING OFFICER:

FROST

OFFICER I.D.: 39

TESTING OFFICER:

FROST

OFFICER I.D.: 39

PERMIT NUMBER: 230063

EXPIRATION DATE: 04/23/15

MISCELLANEOUS DATA:

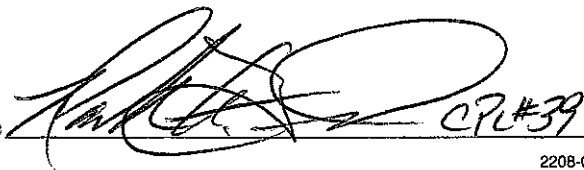
SOBER TEST

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	20:24
INTERNAL STANDARD	VERIFIED	20:24
SUBJECT SAMPLE	.000	20:25
RADIO INTERFERENCE		

Operator Signature

 CPL #39



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II

MARK A FROST

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 04/23/2013

NUMBER 230063

EXPIRES 04/23/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

W. A. Frost
Dale Venter
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)